

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10792129 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5	1					
6		5				
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15	1					
16	1					
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49						
50						
TOTAL IND.	11					
TOTAL DEP.	18					
TOTAL CLAIMS	29					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						